

Strengthening the Role of Local Care Teams for the Behavioral Health Needs of Maryland's Youth

January 12, 2021

Goals of the Presentation



- Review Children's Cabinet Directive #3
 - Purpose of the Directive
 - Focused role of the LCT and LCT coordinator for certain populations
- 2. Review Universal Referral Form for Required Populations
 - Uniformity of youth information
 - Flexibility for parental or self-referrals
- 3. LCT as the point of entry for youth in acute hospital settings



Why?

Children's Cabinet Directives - Past v. Present



<u>Past</u>

LCTs only required to discuss VPA cases and could prioritize other case types for review.

LCTs decide locally how often meetings are held and what those meetings would entail.

<u>Present</u>

LCT always has been a forum for youth with intensive needs. Directive #3 clarifies roles and responsibilities of LCTs with respect to certain youth.

The LCT still decides its regular meeting schedule. Directive #3 promotes timely intervention for certain youth with complex needs.

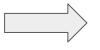
Children's Cabinet Directives - Past v. Present



<u>Past</u>

LCT develops its own referral form to best suit the needs of those coming to its table.





Must use the standard form for certain referrals. Information for the form may be gathered on another form and transferred. Promotes uniformity in collection of information across the State for certain youth.

LCT coordinators are not case managers.



No change. Directive #3 requires a specific protocol for certain youth, not case management.

Universal Referral Form



- Required for certain populations.
- Promotes uniformity in collection of information across the State for certain youth.
- Not specifying WHO must complete the form.

Hospital Partnership



- Single point of contact for youth in acute hospital settings
- Promotes increased collaboration with hospitals
- Discharge planning in a timely manner



- Question and Answer Recap
- Send questions to christopher.miele1@maryland.gov